EXHIBIT C

	Cilia S	0/0-			PR	OOF OF CLAIM	17:45 Pag	e z 01 11	
Name of	Debtor				Case N	umber	1		
USA	COMMERC	iH_	MORTGAGE	Con	BK-S.	umber - 06 - 10725 LBR	-		
0 211	Comme	,,,,	7014				1		
NOTE Se	e Reverse for List	of Del	otors and Case Number	ers	L		1		
			ke a claim for an adm			Check box if you are aware that anyone else has			
			the case A "request" d pursuant to 11 U S (nit or an	filed a proof of claim relating			
Name of	Creditor and	Add	ress			to your claim Attach copy of statement giving particulars			I
			11: 11: 11: 11:	321241001	596	Check box if you have			I .
Ì			TRUST DATED 5/6/82		COLLOTEEC	never received any notices	DO 1107 EV E TV	10 DD005 OF 01 AIM	FOD 4
1	1921 N BEVE		NTOR AND RUTH E DR	KANTOK	IKUSTEES	from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM REST IN A BORROWE	
	BEVERLY HI	LLS C	A 90210-1612			Check box if this address	ONE OF THE DE		
						differs from the address on the envelope sent to you by the		eady filed a proof of cla or BMC you do not ne	
Creditor Te	elephone Number (310	278-0486	ê		court	THIS SPAC	E IS FOR COURT L	JSE ONLY
Last four d	igits of account or	other	number by which cred		es debtor	Check here repla	ices	files or a seed	
						if this claim amer		filed claim dated	
L —	OR CLAIM				Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted pri	ncipal
	ls sold		Personal injury/wrongf	ul death	☐ Wages,	salaries and compensation	(fill out below)	Other claims a	gainst servicer
	ces performed		Taxes		Last for	ır dıgıts of your SS#		(not for loan ba	alances)
Mone	ey loaned		Other (describe briefly)		Unpaid	compensation for services pe	erformed from	to	(date)
2 DATE D	EBT WAS INCUR	RED	4-22-05 -4-	-13-06	3 IF (COURT JUDGMENT, DATE O	OBTAINED	(date)	(dato)
			• • •	ox or boxes	that best desc	ribe your claim and state the amo	ount of the claim at t	he time case filed	
	rse side for important RED NONPRIORIT	•				SECURED CLAIM			
			llateral or lien securing ye	our claim or	b) your claim	Check this box if y	our claim is secui	red by collateral (inc	luding
	ds the value of the products to priority	operty	securing it or if c) none of	or only part o	of your claim is		facilistassi		1
	ED PRIORITY CL	AIM				Brief description of Real Estate		Other	
-	•	an uns	ecured claim all or part of	of which is					
1	d to priority		œ			Value of Collateral			
1	y the priority of the cla	aım	Ψ			Amount of arrearage a secured claim, if any	nd other charges \$ 349 60	at ume case med in	iciuaea in
			er 11 U S C § 507(a)(1)(A) or (a)(1)(E	з) Г	Up to \$2 225* of deposits tow			or
Wages	s salaries or commis	sions	(up to \$10 000)* earned	within 180 d		services for personal family			<i>.</i>
	filing of the bankrupt ess whichever is earli		tion or cessation of the d U.S.C. 8 507(a)(4)	ebtor's		Taxes or penalties owed to go		•	
1			efit plan 11 USC § 50	07(a)(5)	L	Other Specify applicable pail * Amounts are subject to adju			offer.
						with respect to cases comme			anter
	AMOUNT OF CLA E CASE FILED	IM	\$	9	369	,00 \$		\$ <u>369</u> ,	DD
			(unsecured	'		(secured)	(pnonty)	•	otal)
L Check	this box if claim inclu	ıdes ır	nterest or other charges	in addition t	o the principa	l amount of the claim Attach ite	emized statement o	of all interest or additio	nal charges
						deducted for the purpose of r			
running	accounts contrac	ts co	urt judgments, mortga	ges securi	ty agreemer	such as promissory notes pur hts, and evidence of perfection	n of lien DO NO	oices, itemized state T SEND ORIGINAL	ements of
1				•		s are voluminous attach a su your claim, enclose a stampe	•	l envelope and copy	of this
proof of	f claım							and oopy	1
ACCEP	PTED) so that it is	actu	ally received on or be	efore 5 00	pm, prevaili	or hand delivered (FAXES I ing Pacific time, on Novemb ons, joint ventures, trusts a	er 13, 2006	THIS SPACE FOUR USE ON	
	mental units)				•	OR OVERNIGHT DELIVERY TO			
BMCG	roup	ko4	Contor		BMC Gr	oup		FILED OCT	1 6 2006
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	undo, CA 90245-09			Adl		ndo CA 90245			
DATE		SIGN	and print the name and this claim (attach copy o			or other person authorized to file		USA	CMC
041.	13,2006	/(ouald a	Pant	רט	RONALD A KA	NTOR	10725	500593

PRODUCTION OF NEVADA	OOF OF CLAIM					
Name of Debtor Case No	ımber					
USA Comm Mortgage Co						
NOTE See Reverse for List of Debtors and Case Numbers						
This form should not be used to make a claim for an administrative expense	Check box if you are aware that anyone else has					
arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	filed a proof of claim relating to					
	your claim Attach copy of statement giving particulars					
LARSON MADIN DOLORES	Check box if you have					
Name of Creditor and Address LARSON, GARY V Dolores 544 Rolling Hills Do Meguite No 89027	never received any notices from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT				
100 69027	Check box if this address	ONE OF THE DEBTORS				
Mesquite 1	differs from the address on the	If you have already filed a proof of claim with the				
	envelope sent to you by the court	Bankruptcy Court or BMC you do not need to file again				
Creditor Telephone Number (702 345 2 3 9 3 Last four digits of account or other number by which creditor identifies debtor		THIS SPACE IS FOR COURT USE ONLY				
DelValle Livingston Cleart 4034	Check here replace or amen	a previously filed claim dated				
1 BASIS FOR CLAIM Retiree	benefits as defined in 11 U S	C § 1114(a) Unremitted principal				
Goods sold Personal mury/wrongful death	salaries and compensation (
☐ Services performed ☐ Taxes ☐ Last fou	r digits of your SS#	(not for loan balances)				
Money loaned Other (describe briefly) Deed Unpaid	compensation for services pe	rformed from to(date)				
	OURT JUDGMENT, DATE C					
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best described See reverse side for important explanations		unt of the claim at the time case filed				
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM					
Check this box if a) there is no collateral or lien securing your claim or b) your claim		our claim is secured by collateral (including				
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	a right of setoff)	colletoral				
UNSECURED PRIORITY CLAIM	Brief description of					
Check this box if you have an unsecured claim all or part of which is	Real Estate	Motor Vehicle Other				
entitled to priority	Value of Collateral	\$				
Amount entitled to priority \$	Amount of arrearage ar secured claim if any	nd other charges <u>at time case filed</u> included in				
Specify the priority of the claim	secured claim in any	•				
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward services for personal family of	ard purchase lease or rental of property or r household use -11 U S C § 507(a)(7)				
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	_	vernmental units 11 U S C § 507(a)(8)				
business whichever is earlier 11 U S C § 507(a)(4)		agraph of 11 U S C § 507(a) ()				
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Amounts are subject to adjus	stment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment				
5 TOTAL AMOUNT OF CLAIM \$ \$51,4	63 00 \$	\$51,46300				
(unsecured)	secured)	(priority) (Total)				
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim Attach ite	mized statement of all interest or additional charges				
6 CREDITS The amount of all payments on this claim has been credited and						
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> si running accounts contracts court judgments mortgages security agreement	uch as promissory notes pure	chase orders invoices itemized statements of				
DOCUMENTS If the documents are not available explain. If the documents						
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	our claim enclose a stamped	d self addressed envelope and copy of this				
The original of this completed proof of claim form must be sent by mail						
ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing for each person or entity (including individuals, partnerships, corporation).	ng Pacific time, on Novembe	er 13, 2006 USE ONLY				
governmental units)	-					
BMC Group BMC Gro	BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO BMC Group BMC Group					
Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center						
	t Franklin Avenue do CA 90245	FILED DEC 1 0 0000				
DATE / SIGN and print the name and title if any of the creditor o		FILED DEC 1 3 2006				
this claim (attach copy of power of attorney if any)	1					
Pober Jaisen Da	2 pron	USA CMC				
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to	5 years or both 18 USC &&:	52 AND 3571				

Dolores LARSON' GARY LARSON



United States Bankruptcy Court	Dis	TRICT OF Neva	da	PROOF OF CLAIM
Name of Duhtor USH Commercial	1	Number	. 26	PROOF OF OLD AND
Mostgage Company	1	06-107	25-LUK	
NOTI- This form should not be used to make a claim for an adminis				7
of the case A request log payment of an administrative expense ma	ly be filed	pursuant to II US	C § 503	
Name of Creditor (The person or other entity to whom the		ck box if you are aw		7
dubtor owes money or property) +115+ Saumap		has filed a proof of r claim. Attach copy		
Bonda, Custodian for 1		ng particulars) OI 011111111111111111111111111111111111	
Name and address where notices should be sent		ck box if you have r		
Linda S Reed	notic	ces from the bankru	ptcy court in this	
259 Over look Drive	Che	ck box if the address		
Telephone number 270 - 522-7519	1	ress on the envelope court.	• •	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Chec	ck here replace	· 10725-	016681208 06 ed claim dated 1208 06
identifies debtor		is claim amend	a previously file	d claim dated 100 100
1 Basis for Claim		1_1		II U S C § 1114(a)
Goods sold		Wages salar	ries and compensa gits of your SS # _	ation (fill out below)
Services performed Money loaned			gits of your 35 # _ npensation for servi	
Personal injury/wrongful death		•	t	•
Taxes Loo Enhib A		11VIII	(date)	(date)
Other Other	3.	To recent endogen	data abtalgari	
2. Date debt was incurred \2-29-05	3.	II COURT Jungue	ent, date obtained	
4. Classification of Claim. Check the appropriate box or boxes th	nat best des	cribe your claim an	d state the amount	of the claim at the time case file
See reverse side for important explanations.	Here .	Secured Claim		
Unsecured Nonpriority Claim \$78,103 6	I	Charle thus		a coursed by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c)	ir claim, or	a right of setoff)	is secured by collateral (including
only part of your claim is entitled to priority	livino	Brief Desc	cription of Collatera	
Unsecured Priority Claim		Real E	state Motor	Vehicle Other
Check this box if you have an unsecured claim all or part of w	which is	Value of C	Collateral Suc	nknown
entitled to priority		Amount of arrea	rage and other char	rges at time case filed included in
Amount entitled to priority \$	1	secured claim, it	fany \$ 1,103	1.67
Specify the priority of the claim		Up to \$2,225* of (deposits toward pur	rchase, lease, or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) o	Y	or services for pers § 507(a)(7)	sonal family or no	ousehold use - 11 U S C
(a)(1)(B)			owed to governmen	ental units - 11 USC § 507(a)(8)
Wages salaries, or commissions (up to \$10,000),* carned within	n 180	•	•	of 11 USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier 11 U.S.C. § 507(a)(4)		mounts are subject t	to adjustment on 4/1	1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC. § 507(a				or after the date of adjustment
5. Total Amount of Claim at Time Case Filed		78,10367	78,103,67	78,103.6
Check this box if claim includes interest or other charges in add interest or additional charges.	dition to th	(unsecured) ie principal amount		priority) (Total) ch itemized statement of all
6. Credits The amount of all payments on this claim has been	credited 8	and deducted for th	e nurnose of	THIS SINCE IS FOR COURT USE ONLY
making this proof of claim	10000000	The production of	p puspess si	THIS SUNGED IN THE COURT OF THE COURT
7 Supporting Documents. Attach copies of supporting documents.				
orders invoices itemized statements of running accounts contri-	-	, , ,	~ .	
agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluing			I'S IT the	LED JAN 1 6 2007
8. Date-Stamped Copy To receive an acknowledgment of the fi		•	stamped self-	TED OWN T 0 COO!
addressed envelope and copy of this proof of claim.				
Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attorname).			ithorized to	
The this claim (attach copy of power of attor	Πιε γ, 11 α,	<i>"</i>		
20010 Lunda D Ke	(20	Linda	S'Ke ed	

Penalty for presenting fraudulent claim. Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC



Case 06-10725-gwz Doc 8534-3	3 Ent	ered 06/23/11 10:4 ⁻	7:45 Page	e 5 of 11	
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OF OF CLAIM			
Name of Debtor USA Commercial Mortgage	Case Nu	mber 10725 (LBR)			
Company	00-	70745 (====)			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expensing after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of			
M L AND PAULINE SMITH FAMILY LIVING TRUST C/O M L SMITH AND PAULINE SMITH TRUSTEES 3108 N MINERSVILLE HWY)	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS	
CEDAR CITY UT 84720-5407 Creditor Telephone Number (435) 586 - 7248		Check box if this address differs from the address on the envelope sent to you by the court	Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again CE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies d	ebtor	- ronlo			
0725		Check herc replace or if this claim amer	 a previously 	/ filed claim dated	
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death Services performed Taxes		salaries and compensation (digits of your SS #	fill out below)	Other claims against service (not for loan balances)	
Money loaned Other (describe briefly) Interest + Late Fees	Unpaid o	ompensation for services pe	rformed from	(dota) (dota)	
2 DATE DEBT WAS INCURRED 3-3/-06	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(date) (date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				the time case filed	
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b)	vour claim	Check this box if you	our claim is secu	red by collateral (including	
exceeds the value of the property securing it or if c) none or only part of yo	ur claim is	a right of setoff)			
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	_		
Check this box if you have an unsecured claim all or part of which is entitled to priority			_	e Unknown	
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges	at time case filed included in	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family of	ard purchase lease	e or rental of property or	
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units -	11 U S C § 507(a)(8)	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	1	Other Specify applicable part * Amounts are subject to adjust	stment on 4/1/07 ar	nd every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$	308	with respect to cases commer 0.05 \$	nced on or after the	s date of adjustment	
AT TIME CASE FILED (unsecured)	(s	ecured)	(pnonty)	(Total)	
Check this box if claim includes interest or other charges in addition to the				<u> </u>	
 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u>, such as promissory notes purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary 					
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			-	d envelope and copy of this	
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c governmental units)	, prevailin orporatio	g Pacific time, on Novemb ns, joint ventures, trusts a	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY	
	BMC Gro	.CM Claims Docketing Cente	descri 0	LED OCT 2 4 2006	
	El Seguno	t Franklin Avenue do CA 90245	Swel)	USA CMC	
DATE //- /7 - 06 SIGN and print the name and title if any of the this claim (attach copy of power of attorn	ney if any)	Jacobself &	Smith	1072500703	
M L. and Pauline Smith	Fam	114 LIVING Tract		i	

UNITED STATES BANKRUPTCY COURT	- BB	205.05.01.4114	T	
DISTRICT OF NEVADA	PROOF OF CLAIM			
Name of Debtor	me of Debtor Case Number			
USA Commercial Mortgage Co.	BK-S	S-06-10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers			1	
This form should not be used to make a claim for an administrative exparising after the commencement of the case. A request for payment cadministrative expense may be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to	FILI	ED NOV 01 2006
Name of Creditor and Address		your claim Attach copy of statement giving particulars		- 1000
John M. Marston & Linda S. Mars 12441 Road 44 Mancos, CO 81328	ton	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
maricos, co orjao		Check box if this address differs from the address on the	ONE OF THE DEE	BTORS ady filed a proof of claim with the
Creditor Telephone Number () 970-533-9084		envelope sent to you by the court	1	or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies d	lebtor			E IS FOR COURT USE ONLY
		Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation (t	fill out below)	Other claims against servicer
☐ Services performed ☐ Taxes ☐ ☐ Taxes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Last four	digits of your SS#		(not for loan balances)
T 1	Unpaid o	ompensation for services per	rformed from	to
2 DATE DEBT WAS INCURRED 12/29/2005		OURT JUDGMENT DATE O	BTAINED N/	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				
See reverse side for important explanations		SECURED CLAIM (Del Vall	e - Livingston)
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) \(\)	our claim	Check this box if you	our claim is secure	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority		a right of setoff)		
UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim all or part of which is		X Real Estate		Other
entitled to priority		Value of Collateral		nknown
Amount entitled to priority \$		Amount of arrearage an	nd other charges	attume case filed included in OZ (see attached
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)				
Wages salaries or commissions (up to \$10 000)* earned within 180 days	<u></u>	Up to \$2 225* of deposits towa services for personal family of	ird purchase lease r household use 11	or rental of property or USC § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to gov	vernmental units 1	1 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para		
		* Amounts are subject to adjus with respect to cases commend	itment on 4/1/07 and ced on or after the d	l every 3 years thereafter late of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	52,2	298 62 \$		\$ 52,298 62
(unsecured) [X] Check this box if claim includes interest or other charges in addition to the	-	ecured)	(priority)	(Total)
6 CREDITS The amount of all payments on this claim has been credit				ı i
7 SUPPORTING DOCUMENTS Attach copies of supporting accounts contracts court judgments mortgages security as DOCUMENTS If the documents are not available explain. If the documents are not available explain.	nents su	ch as promissory notes purc	hase orders invo	ices itemized statements of
B DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals) partnerships co	prevailing	Pacific time, on Novembe	r 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) USA CMC BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO				
BMC Group	BMC Grou	ip CM Claims Docketing Center		1072500870
P O Box 911	330 East	Franklin Avenue	1	
DATE SIGN and print the name and title if any of the		o CA 90245 other person authorized to file		
this claim (attach copy of power of attorned Linda S Marston	ey if any)	John W. Marst	ion &	

	oll he real v		PRO	OF OF CLAIM	.45 Page	7-01-11
Name of Pebtor		Case Nu	ımber			
	USA Commercial I	Mortgage Company	06-107	725-LBR		
		st of Deptors and Case Numbers	l			
la	irising after the commence	ed to make a claim for an administrative exp ment of the case A "request" for payment		Check box if you are aware that anyone else has	IE VOU ABE ON	V OWEN MONEY BY A BOODOWED
а	idmir istrative expense may	y be filed pursuant to 11 U S C § 503	······································	filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN IS	LY OWED MONEY BY A BORROWER B BEING SERVICED BY THE
ľ	Name of Creditor and	d Address 問題問題	5	statement giving particulars	OF CLAIM THIS	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT
1	PAYNE SH			Check box if you have never received any notices		
	P O BOX 20 GRASS VA	08 LLEY CA 95945		from the bankruptcy court or BMC Group in this case		IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS
				Check box if this address differs from the address on the	If you have air	eady filed a proof of claim with the
	Sandia Talanhama Numba	-151) 2. (1)(00		envelope sent to you by the court		or BMC you do not need to file again
	Creditor Telephone Number ast four digits of account o	or other number by which creditor identifies	debtor	Chack here replace	ces	
	_	0725		Check here I repland or if this claim amen	 a previously 	filed claim dated
1	BASIS FOR CLAIM		Retiree	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Coods sold	Personal injury/wrongful death Taxes		salaries and compensation (fill out below)	Other claims against services (not for loan balances)
	Services performed Money loaned	Other (describe birefly)		r digits of your SS # compensation for services pe	rformed from	
	CEL 19 Dillog Touriou		Onpaid	compensation for services pe	nomed nom	(date) (date)
	DATE DEBT WAS INCU			OURT JUDGMENT, DATE C		
4	See reverse side for importa	LAIM Check the appropriate box or boxes that explanations	t best descr		unt of the claim at t	the time case filed
	UNSECURED NONPRIOR	RITY CLAIM \$		SECURED CLAIM Check this box if you	our claim is secii	red by collateral (including
	Check this box if a) there exceeds the value of the i	e is no collateral or lien securing your claim or b) property securing it or if c) none or only part of your	your claim our claim is	a right of setoff)	Jul Claim 13 3000	red by conateral (moldarig
	ent tied to priority INSECURED PRIORITY C			Brief description of		
li		e an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
I.	entitled to priority	•		Value of Collateral	· -	
	Amount entitled to priority			Amount of arrearage ar secured claim, if any		at time case filed included in
1	Specify the priority of the Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
		nissions (up to \$10 000)* earned within 180 days uptcy petrion or cessation of the debtor's	·	services for personal family of Taxes or penalties owed to go		• ,,,,
1		arlier 11 U S C § 507(a)(4)	<u> </u>	Other Specify applicable pan		* ' ' ' '
	Con ributions to an emplo	oyee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 ai	nd every 3 years thereafter
15	TOTAL AMOUNT OF CL	AIM \$ \$	100,0		iced on or alter the	\$ 100 000=
	AT TIME CASE FILED	(unsecured)		secured)	(prionty)	(Total)
	Check this box if claim inc	cludes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	mized statement o	of all interest or additional charges
1		of all payments on this claim has been cre-		• •	•	
1		JMENTS <u>Attach copies of supporting doct</u> acts, court judgments, mortgages security a				
		ocuments are not available explain. If the			•	d any along and apply of this
1	proof of claim	PY To receive an acknowledgment of th	e tang or y	our claim enclose a stamper	u seir-addressed	envelope and copy of this
		mpleted proof of claim form must be sen is actually received on or before 5 00 pm				THIS SPACE FOR COURT USE ONLY
	for each person or enti	ity (including individuals, partnerships, o				002 01121
	governmental units) BY MAIL TO			OR OVERNIGHT DELIVERY TO)	NOV 1 9 2006
	Attn USACM Claims Do	ocketing Center		CM Claims Docketing Cente	r	FILED NOV 1 3 2006
	P O Box 911 El Segundo CA 90245-0	0911		t Franklin Avenue do CA 90245		USA CMC
ī	DATE	SIGN and print the name and title if any of the this claim (attach copy of power of attor	e creditor o		· · · · · · · · · · · · · · · · · · ·	## # # #
	11/10/06	These Para	y ir disy)			1072501379
1	, ,	- Tong I was production				į.

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor	Case No	umber		
USA COMMERCIAL MONTEAGE	BK-	5-06-10728LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative earising after the commencement of the case. A request for paymer administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address		your claim Attach copy of statement giving particulars		
1 4				
RDJ INVESTMENTS RICHARD ANDERSON - MANACER		Check box if you have never received any notices		
7417 OAK GROVE		from the bankruptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
LAS VEGAS, NO 89117		Check box if this address	ONE OF THE DEB	i
		differs from the address on the envelope sent to you by the		ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (703) 2421356		court		IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	es debtor	Chack here replac	ces	
USA ACCT. # S847		if this claim amen	ds previously	iled claim dated
1 BASIS FOR CLAIM ☐ Goods sold ☐ Personal injury/wrongful death	Retiree l	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wronglui death Services performed Taxes		salaries and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe bnefly)		r digits of your SS#		·
Michely loaned Differ (describe briefly)	Unpaid	compensation for services per	formed from	(dota) (data)
2 DATE DEBT WAS INCURRED 4/13/04	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes t	hat best descr	be your claim and state the amou	unt of the claim at th	e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or	b) your claim	Check this box if yo	our claim is secure	d by collateral (including
exceeds the value of the property securing it or if c) none or only part of		a right of setoff)		
entriled to priority UNSECURED PRIORITY CLAIM		Brief description of	_	
Check this box if you have an unsecured claim all or part of which is		X Real Estate		Other
entitled to priority		Value of Collateral	\$ 22,00	x 000 00
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim if any	5	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B		Up to \$2 225* of deposits towa services for personal family of		
Wages salanes or commissions (up to \$10 000)* earned within 180 da before filing of the bankruptcy petition or cessation of the debtor's	ays 🕝	Taxes or penalties owed to go		• (,,,,
business whichever is earlier 11 U S C § 507(a)(4)	F	Other Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	_	* Amounts are subject to adjus		
5 TOTAL AMOUNT OF CLAIM \$ \$	200	with respect to cases commen	ced on or after the d	
AT TIME CASE FILED (unsecured)		secured)	(priority)	\$ 200,000 - (Total)
Check this box if claim includes interest or other charges in addition to	,	*	**	` '
 6 CREDITS The amount of all payments on this claim has been of 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> 				
running accounts contracts court judgments mortgages securit DOCUMENTS If the documents are not available explain. If the	y agreement	s and evidence of perfection	of lien DO NOT	SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of proof of claim	the filing of y	our claim enclose a stamped	self-addressed	envelope and copy of this
The original of this completed proof of claim form must be so ACCEPTED) so that it is actually received on or before 5 00 p for each person or entity (including individuals, partnerships governmental units)	ım, prevailir	ig Pacific time, on Novembe	or 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC Gro Attn USA	OR OVERNIGHT DELIVERY TO up CM Claims Docketing Center t Franklin Avenue	Į į	FILED NOV 17 200
El Segundo CA 90245 0911		do CA 90245		4
DATE SIGN and print the name and title if any of this glaim (attach copy of power of att		r other person authorized to file	Ţ	
	vay -Ti	CUSTCE /MARRY A	lenger	USA FIRST TRUST
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprison.	ment for up to	5 years or both 18 USC §§ 1	152 AND 3571	1072800130

Case 00-10725-0WZ D00 8534-3 F	-nierea ub/23/11 10:2	17.45 Page 9.01 II		
DISTRICT OF NEVADA	ROOF OF CLAIM			
	Number			
USA Commercial Mortgage Company 06-1	0725-LBR			
NOTE OF BUILDING				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are			
arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	aware that anyone else has filed a proof of claim relating	IF YOU ARE ONLY OWED MONEY BY A BORROWER		
Name of Creditor and Address	to your claim Attach copy of statement giving particulars	WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF		
REDMON DONALD	Check box if you have never received any notices	OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT		
51 SANLO LANE MOUNTAIN HOME AR 72635	from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS		
	Check box if this address differs from the address on the envelope sent to you by the			
Creditor Telephone Number (20) 508 +161	court	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here replace or amer	a previously filed claim dated		
	e benefits as defined in 11 U S	C § 1I14(a) Unremitted principal		
Congood porformed Toyon	s salaries and compensation (fill out below)		
Characterist Cotton (decombs to 20)	d compensation for services pe	rformed from to		
O DATE DEDY WAS INCURDED		(date) (date)		
2 DATE DEBT WAS INCURRED 3 IF 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best de-	COURT JUDGMENT, DATE O			
See reverse side for important explanations	SECURED CLAIM	and of the oldin at the time base med		
UNSECURED NONPRIORITY CLAIM \$	Check this boy if w	our claim is secured by collateral (including		
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim	(II) 	, solution (modeling		
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of			
Check this box if you have an unsecured claim all or part of which is entitled to priority	Real Estate Value of Collateral			
Amount entitled to priority \$ Amount of arrearage and other charges at time case filed included in				
Specify the priority of the claim	secured claim if any	\$5 <u>0,000</u>		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		ard purchase lease or rental of property or or household use -11 U.S.C. \$ 507(a)(7)		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to go	vernmental units - 11 U S C § 507(a)(8)		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjus	agraph of 11 U S C § 507(a) () stment on 4/1/07 and every 3 years thereafter		
5 TOTAL AMOUNT OF CLAIM \$ \$50	with respect to cases commen	nced on or after the date of adjustment		
5 TOTAL AMOUNT OF CLAIM \$ \$50	(secured)	(pnority) \$ 50,824.65		
Check this box if claim includes interest or other charges in addition to the princip	()	()		
6 CREDITS The amount of all payments on this claim has been credited an				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> . running accounts contracts court judgments mortgages security agreements.	such as promissory notes pure	chase orders, invoices itemized statements of of lien DO NOT SEND ORIGINAL		
DOCUMENTS If the documents are not available explain if the documents 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of				
proof of claim				
The original of this completed proof of claim form must be sent by ma ACCEPTED) so that it is actually received on or before 5 00 pm, prevalor each person or entity (including individuals, partnerships, corpora	ling Pacific time, on November	er 13, 2006 USE ONLY		
governmental units)	D OR OVERNIGHT DELIVERY TO	THE COT 06 2006		
	roup SACM Claims Docketing Center			
P O Box 911 1330 E	ast Franklin Avenue	,		
El Segundo, CA 90245-0911 El Segu DATE SIGN and print the name and title if any of the credito	or other person authorized to file			
this claim (attach copy of power of attorney if an	5. Sales person authorized to file	USA CMC		
10/3/06 Hours Kellum	Carlela Red	1072500472		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up				
Donald Redmon	day ly le Ro	edmon		

Case 06-10725-gwz Doc 8534-	3 Ent	ered 06/23/11 10:4	.7:45 Pac	<u>ae 10 of 11</u>
UNITED STATES BANKRUPTCY COURT OF NEVADA		OOF OF CLAIM		AIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claim	
			Amount/Classific	eation
USA Commercial Mortgage Company	00-107	725-LBR	\$0 00 Unsecured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		ected above constitute your claim as
Name of Creditor and Address 1292449000 RETIREMENT ACCOUNTS INC CFBO JUDD ROBBINS IRA 1340 ANDERSON-CREEK-RD	03099	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	scheduled by the Debtor or pursuant to a filed clair you agree with the amounts set forth herein and hother claim against the Debtor you do not need to this proof of claim EXCEPT as stated below If the amounts shown above are listed as Contiguidated or Disputed, a proof of claim must	
c/o Bradley Paul Elley, Esq. 120 Country Club Dr., Ste. 5 Incline Village, NV 89451		Check box if this address differs from the address on the	filed If you have alr	ready filed a proof of claim with the
Creditor Telephone Number () (775) 831-8800		envelope sent to you by the court	1	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor		!	JE 10 1 OIL OUGH LOSE UNLT
Del Valle Isleton	GCDIO	Check here replain or amer		y filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Wages s	salaries, and compensation (Other claims against servicer (not for loan balances)
Money loaned		ompensation for services pe	rformed from	to
				(date) (date)
2 DATE DEBT WAS INCURRED 03/22/2005		OURT JUDGMENT, DATE C		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that I See reverse side for important explanations	best describ	e your claim and state the amoui	nt of the claim at th	e time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of your	our claim r claim 15	Check this box if you a right of setoff)	our claim is secu	ured by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	e Other
entitled to priority		Value of Collateral	\$ 25,0	00.00
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges - 0-	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits towa	rd purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	П	services for personal family of Taxes or penalties owed to gove		
business whichever is earlier 11 U S C § 507(a)(4)	Ħ	Other Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to adjus	tment on 4/1/07 an	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	05 00	with respect to cases comment	ced on or after the	date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ (unsecured)	25,00 (se	0.00 \$	(priority)	\$ 25,000.00 (Total)
Check this box if claim includes interest or other charges in addition to the			mized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the d	<i>ments</i> , su	ch as promissory notes pure	chase orders, inv	roices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				d envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED)	t by mail o	or hand delivered (FAXES I	TON	THIS SPACE FOR COURT USE ONLY
BY MAIL TO	ВҮ НАМП С	OR OVERNIGHT DELIVERY TO		
BIVIC Group	BMC Grou	ID .	. FII FI	JUN 2 5 200°
P O Box 911		CM Claims Docketing Cente Franklin Avenue	* 1 times desgrade	The same of the sa
El Segundo, CA 90245 0911		o CA 90245		
DATE 6/22/2007 SIGN and print the name and title if any of the this etaim (attach eopy of cower of attorned) Company of the this etaim (attach eopy of cower of attorned)	y ıfany) ∧ -	ther person authorized to file	a z mant	USA CMC
Bradlev Paul Elfev. F	isa. ^A '	COSTUGA TOT OF	armant	#

	ES BANKRUPTCY COURT RICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor	1 4		umber		
		IRV~	S-06-10728-LBR		
	ercial MORTGAGE	DK	3 04 10 700 -2.		
This form should not be used arising after the commencem administrative expense may	of Debtors and Case Numbers I to make a claim for an administrative expend of the case A request for payment be filed pursuant to 11 U S C § 503	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and	Address		statement giving particulars	ļ	
Richard N Richard N	Address ANDERSON TRE ANDERSON SEPERATE PROP	oenry	Check box if you have never received any notices from the bank property of the control of the co		IS PROOF OF CLAIM FOR A
TRUST			BMC Group in this case	ONE OF THE DE	REST IN A BORROWER THAT IS NOT BTORS
7417 OAK	SPOUR		Check box if this address differs from the address on the	ľ	eady filed a proof of claim with the
LAEVEGAS, A			envelope sent to you by the court	Bankruptcy Court	or BMC you do not need to file again
Creditor Telephone Number	other number by which creditor identifies	dehter	 		2101010001110020,121
ACCOUNT ID		aebtoi	Check here replace or if this claim amen	 a previously 	filed claim dated
1 BASIS FOR CLAIM	F	Potreo	benefits as defined in 11 U S	C & 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death				Other claims against service
Services performed	Taxes	, -	salaries and compensation (ir digits of your SS#	iiii out peiow)	(not for loan balances)
Money loaned	Other (describe briefly)		compensation for services pe	rformed from	4.
Money loaned	- Carlot (decorate priority)	Oripaid	compensation for services per	nonnea nom	to (date) (date)
2 DATE DEBT WAS INCUR	RRED 4/13/06	3 IF C	OURT JUDGMENT, DATE C	BTAINED	
	AIM Check the appropriate box or boxes that	t best desc	nbe your claim and state the amo	unt of the claim at t	he time case filed
See reverse side for important UNSECURED NONPRIORI			SECURED CLAIM		
	s no collateral or lien securing your claim or b)	vour claim	Check this box if you	our claim is secui	red by collateral (including
exceeds the value of the prentitled to priority	roperty securing it or if c) none or only part of you	our claim is	a right of setoff) Brief description of	collateral	
UNSECURED PRIORITY CI	AIM		Real Estate		Other
Check this box if you have entitled to priority	an unsecured claim all or part of which is		Value of Collateral	_	00000000
Amount entitled to priority	\$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the c	laım		secured claim if any	\$	
\ 	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family of		
before filing of the bankrup	ssions (up to \$10 000) earned within 180 days top petition or cessation of the debtor's	·	Taxes or penalties owed to go		
[p	her 11 U S C § 507(a)(4)		Other Specify applicable para	agraph of 11 U S C	§ 507(a) ()
Contributions to an employ	ree benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLA	AIM \$\$	200,	000 \$		\$ 200,000
AT TIME CASE FILED	(unsecured)	(secured)	(priority)	(Total)
Check this box if claim inc	ludes interest or other charges in addition to ti	ne principal	I amount of the claim Attach ite	mized statement of	of all interest or additional charges
7 SUPPORTING DOCU	of all payments on this claim has been cre MENTS <u>Attach copies of supporting docted</u> cts court judgments mortgages security	<i>uments,</i> s	uch as promissory notes pure	chase orders inv	oices itemized statements of
1	cuments are not available explain. If the			•	
8 DATE-STAMPED COP proof of claim	Υ To receive an acknowledgment of th	e filing of	your claim enclose a stampe	d self addressed	l envelope and copy of this
ACCEPTED) so that it is	pleted proof of claim form must be sen actually received on or before 5 00 pm y (including individuals, partnerships, o	ı, prevailii	ng Pacific time on Novembi	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO		BY HAND	OR OVERNIGHT DELIVERY TO)	
BMC Group	distance Control	BMC Gro	oup		NOV 17 2006
Attn USACM Claims Doo P O Box 911	•	1330 Eas	ACM Claims Docketing Cente st Franklin Avenue	FILED	MOA I 1 5000
El Segundo CA 90245 0	911 SIGN and print the name and title if any of the		or other person authorized to file		
	this claim (attach copy of power of attor		ca.si porson admonace to me	l	USA FIRST TRUST
11/13/06	MM Richa.	1 An	PRISON TTE		
Penalty for presenting fraudulant	claim is a fine of un to \$500,000 or imprisonme	ent for un to	5 years or both 18 U.S.C. 88	152 AND 357	1072800131

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 357